

## APPENDIX E

### Reporting Civilian Employee Injuries and Illnesses<sup>+</sup>

When a civilian employee sustains a work-related injury or illness he will immediately notify his supervisor. The supervisor will contact the FOA\*s designated Federal Employees\* Compensation Program (FECA) Program Administrator for instructions on obtaining medical treatment and completing and filing the required forms. (Forms are described on page E-5.)

#### TRAUMATIC INJURY.

1. Notice of Injury. The employee (or person acting on his behalf) and supervisor will complete Form CA-1. If the supervisor determines that the injury was medically related and warrants medical care, the supervisor will authorize the medical care in accordance with paragraph 2, below. If the employee incurs medical expense or loses time from work beyond the date of injury the FOA FECA Program Administrator will submit the Form CA-1 to the Office of Workers\* Compensation Programs (OWCP) district office: otherwise the form should be retained in the employee\*s Employee Medical Folder in accordance with OWCP requirements.

a. The supervisor will review the form for completeness and accuracy and assist the claimant in correcting any deficiencies.

b. The supervisor will advise the employee:

(1) Of his right to continuation of pay (COP) or annual or sick leave;

(2) Of his right to select the physician or facility which is to provide treatment.

(3) Whether COP will be controverted, and if so, the basis for the controversion and whether pay will be terminated;

(4) Of the employee\*s responsibility to submit medical evidence establishing the fact of disability within ten working days or risk termination of COP;

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This appendix describes the procedures and forms for reporting civilian employee injuries and illnesses. The intent is to provide employees and supervisors with guidance on the safety and occupational health, not Workers\* Compensation, requirements of such reporting. Information on processing OWCP claims, obtaining medical care and compensation, etc., can be obtained from the FOA\*s Federal Employees\* Compensation Act (FECA) Program Administrator.

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(5) To obtain, from the medical care provider, a description of work restrictions if light duty is available and, when a specific job has been identified for the employee\*s light duty, to seek the medical care provider\*s approval of the job. See paragraph 2.c., below.

c. The supervisor will complete his portion of Form CA-1 and sign and return to the employee the "Receipt of Notice of Injury" attached to the form.

d. The supervisor will complete USACE Accident Investigation Report, ENG Form 3394, through block 15. A copy of the completed ENG Form 3394 will be attached to the original Form CA-1 and forwarded to the FOA Safety and Occupational Health Office as expeditiously as possible. The original of the completed ENG Form 3394 shall be forwarded, with its instructions, through management channels as indicated on the form.

e. The Safety and Occupational Health Office will encode the following information on the original Form CA-1. Upon completion of the encoding (but within three working days of its receipt) the Safety and Occupational Health Office will make a copy of the completed Form CA-1 and forward the original to the FOA FECA Program Administrator.

(1) Type and source code (shaded items b. and c. on Form CA-1) from item 5.g. on ENG Form 3394.

(2) If applicable, enter "first aid case" on the upper-right corner of page 2. The Safety and Occupational Health Office shall review the accident information and determine if the accident should be classified in accordance with the definition of first aid case as given in this supplement.

(3) OSHA site code (item 17 on page 2), which is the FOA\*s Unit Identification Code (UIC). If the FOA has been assigned both a civil and military UIC, the military UIC will be used; if the FOA has been assigned only a civil UIC, the civil UIC will be used. In the event an FOA has sub-elements (e.g., area offices or detachments) and the sub-elements have their own unique UIC, the UIC of the sub-element will be used when reporting accidents occurring within them.

f. The Safety and Occupational Health Office will review the USACE Accident Investigation Report, ENG Form 3394, to ensure:

(1) All required information is provided and correct, obtaining omitted information or information updates as required.

(2) That the severity of injury/illness as indicated on the

accident report form is correct.

(3) That accident causation correctly addresses operational and managerial deficiencies and the actions taken, anticipated, or recommended to eliminate causes are effective.

g. Upon receipt of the CA-1 from the Safety and Occupational Health Office, the FOA\*s FECA Program Administrator will:

(1) Review the completed form for sufficiency and coordinate unresolved deficiencies with the injured employee and supervisor.

(2) Encode the occupation code (shaded item a. on Form CA-1). This code is made up of the two letters designating the employee\*s pay plan and the four numbers of the employee\*s occupational series.

(3) Encode the OWCP agency code (item 17 on page 2). The OWCP agency code for USACE employees is "3493" plus the servicing CPO two-digit alpha identifier code. Do not use the USACE agency code for injured non-USACE employees that are serviced by the servicing CPO.

(4) Enter the employee\*s duty station zip code in item 18 on page 2. The zip code indicated in this block must be the zip code of the employee\*s duty station at the time of the injury, not the zip code of a reporting office processing compensation forms: duty station is defined as the building or other place (base, post, or activity) where an employee regularly reports for duty. Those employees whose official duty station does not have a zip code (e.g., employees whose official duty station is a dredge) shall use the zip code of the unit or section, as applicable, to which they are assigned. For an employee officially detailed (not TDY) to another duty station, use the zip code for the detail duty station.

2. Medical Care. If an employee requires medical care because of a work-related injury, the supervisor will promptly complete his portions of Forms CA-16, CA-17, and OWCP-1500a and accompany the employee to the medical care provider.

a. The supervisor is responsible for providing the medical care provider with Forms CA-16, CA-17, and OWCP-1500a, to be completed by the supervisor and the provider. Upon completion of the medical care, the supervisor will retain a copy of the Form CA-17 and forward the Forms CA-17, CA-20, and CA-20a to the FOA\*s FECA Program Administrator. The medical care provider will forward Forms CA-16 and OWCP-1500a to the OWCP district office.

b. For all cases sent to OWCP, a medical report from the attending physician is required. This report may be made on Form

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CA-16 or by a narrative report on the physician's letterhead stationary, or in the form of an emergency room summary.

c. Form CA-17 will be used by the agency to obtain interim medical reports concerning the employee's fitness for duty; it should be used initially with Form CA-16. The supervisor will complete his portion of the Form CA-17 describing the physical requirements of the employee's job, attach a copy of the FOA's Light-duty Program, and note the availability of any light duty. The medical care provider should monitor the employee's medical status and ability to return to light or full duty and provide an original copy of Form CA-17 to the employee's supervisor at reasonable (preferably weekly) intervals. The supervisor and FOA FECA program administrator are responsible for maintaining contact with both the medical provider and the injured employee to ensure the employee is returned to work as soon as he is medically able.

#### OCCUPATIONAL DISEASE.

1. Notice of Occupational Disease. The employee (or person acting on his behalf) and supervisor will complete Form CA-2. The employee should also complete the appropriate checklist on Forms CA-35a through CA-35h, as applicable, for the disease claimed. The supervisor will explain the need for detailed information to the employee and advise him to furnish the supporting medical and factual information requested on the checklist: this information shall accompany the appropriate Forms CA-35a through CA-35h when it is submitted.

a. The supervisor will:

(1) Review Form CA-2 for completeness and accuracy and assist the claimant in correcting any deficiencies found.

(2) Of his right to select the physician or facility which is to provide treatment.

(3) Advise the employee of the right to elect sick or annual leave or leave without pay pending adjudication of the claim.

(4) Complete his portion of Form CA-2 and sign and return to the employee the "Receipt of Notice of Injury" attached to the form.

(5) Complete USACE Accident Investigation Report, ENG Form 3394, through block 15. A copy of the completed ENG Form 3394 will be attached to the original Form CA-2 and forwarded to the Safety and Occupational Health Office as expeditiously as possible. The original of the completed ENG Form 3394 shall be

forwarded, with its instructions, through management channels as indicated on the form.

(6) Prepare a supporting statement to include exposure (monitoring) data, test results, copies of previous medical examinations, and/or witness statements, depending on the nature of the case. The appropriate checklist on Forms CA-35a through CA-35h may be used to coordinate compilation of material by FOA personnel, including compensation specialists and safety and occupational health personnel.

b. The Safety and Occupational Health Office will encode the following information on the original Form CA-2:

(1) Type and source codes (shaded items b. and c. on Form CA-2) from item 5.g. on ENG Form 3394.

(2) OSHA site code (item 17 on page 2), which is the FOA's Unit Identification Code (UIC). If the FOA has been assigned both a civil and military UIC, the military UIC will be used; if the FOA has been assigned only a civil UIC, the civil UIC will be used. In the event an FOA has sub-elements (e.g., area offices or detachments) and the sub-elements have their own unique UIC, the UIC of the sub-element will be used when reporting accidents occurring within them.

Upon completion of the encoding (but within three working days of its receipt) the Safety and Occupational Health Office will make a copy of the completed Form CA-2 and forward the original to the FOA's FECA Program Administrator.

c. The Safety and Occupational Health Office will review the USACE Accident Investigation Report, ENG Form 3394, to ensure:

(1) All required information is provided and correct, obtaining omitted information or information updates as required.

(2) That the severity of injury/illness as indicated on the accident report form is correct.

(3) That illness/disease causation correctly addresses operational and managerial deficiencies and actions taken, anticipated, or recommended to eliminate causes are effective.

d. Upon receipt of the CA-2 from the Safety and Occupational Health Office, the FOA's FECA Program Administrator will:

(1) Review the completed form for sufficiency and coordinate unresolved deficiencies with the injured employee and supervisor.

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(2) Encode the occupation code (shaded item a. on Form CA-2). This code is made up of the two letters designating the employee's pay plan and the four numbers of the employee's occupational series.

(3) Encode the OWCP agency code (item 17 on page 2). The OWCP agency code for USACE employees is "3493" plus the servicing CPO two-digit alpha identifier code. Do not use the USACE agency code for injured non-USACE employees that are serviced by the servicing CPO.

(4) Enter the employee's duty station zip code in item 18 on page 2. The zip code indicated in this block must be the zip code of the employee's duty station at the time of the injury, not the zip code of a reporting office processing compensation forms: duty station is defined as the building or other place (base, post, or activity) where an employee regularly reports for duty. Those employees whose official duty station does not have a zip code (e.g., employees whose official duty station is a dredge) shall use the zip code of the unit or section, as applicable, to which they are assigned. For an employee officially detailed (not TDY) to another duty station, use the zip code for the detail duty station.

2. Medical Care. Only in rare instances is medical care authorized by the employing agency in occupational disease claims. The agency must contact OWCP before issuing a Form CA-16 in such a claim.

FORMS. CA and OWCP forms can be obtained from the Government Printing Office: these forms can be reproduced. Submit purchase orders to the Superintendent of Documents, U.S. Government Printing Office, Washington, DC, 20402.

1. CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation.

2. CA-2, Federal Employee's Notice of Occupational Disease and Claim for Compensation.

3. CA-16, Authorization for Examination and/or Treatment.

4. CA-17, Duty Status Report.

5. CA-20, Attending Physician's Report.

6. CA-20a, Attending Physician's Supplemental Report.

7. CA-35 series, Evidence Required in Support of Claim for:

a. -a, Occupational Disease.

- b. -b, Hearing Loss.
  - c. -c, Asbestos-related Illness.
  - d. -d, Work-related Coronary/Vascular Condition.
  - e. -e, Work-related Skin Disease.
  - f. -f, Work-related Pulmonary Illness (not Asbestosis).
  - g. -g, Work-related Psychiatric Illness.
  - h. -h, Work-related Carpal Tunnel Syndrome.
8. ENG Form 3394, USACE Accident Investigation Report.
9. OWCP-1500a, Federal Employee\*s Compensation Program  
Medical Provider\*s Claim Form.